NPHPSP

National Public Health Performance Standards Program

State Public Health System Performance Assessment

Report of Results

Sample Report

2/6/2008

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The National Public Health Performance Standards Program

State Public Health System Performance Assessment
Report of Results

A. The NPHPSP Report of Results

I. INTRODUCTION

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

The NPHPSP is a collaborative effort of seven national partners:

- Centers for Disease Control and Prevention, Office of Chief of Public Health Practice (CDC/OCPHP)
- American Public Health Association (APHA)
- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Network of Public Health Institutes (NNPHI)
- Public Health Foundation (PHF)

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Local Public Health Governance Performance Assessment Instrument.

This report provides a summary of results from the NPHPSP State Public Health System Assessment (OMB Control number 0920-0557, expiration date: September 30, 2013). The report, including the charts, graphs, and scores, are intended to help sites gain a good understanding of their performance and move on to the next step in strengthening their public health system.

II. ABOUT THE REPORT

Calculating the scores

The NPHPSP assessment instruments are constructed using the Essential Public Health Services (EPHS) as a framework. Within the State Instrument, each EPHS includes four model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Each site's responses to these questions should indicate how well the model standard - which portrays the highest level of performance or "gold standard" - is being met.

Sites responded to assessment questions using the following response options below. These same categories are used in this report to characterize levels of activity for Essential Services and model standards.

NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met.

Using the responses to all of the assessment questions, a scoring process generates scores for each first-tier or "stem" question, model standard, Essential Service, and one overall score. The scoring methodology is available from CDC or can be accessed on-line at http://www.cdc.gov/nphpsp/conducting.html.

Understanding data limitations

Respondents to the self-assessment should understand what the performance scores represent and potential data limitations. All performance scores are a composite; stem question scores represent a composite of the stem question and subquestion responses; model standard scores are a composite of the question scores within that area, and so on. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which can be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes can differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

Because of the limitations noted, the results and recommendations associated with these reported data should be used for quality improvement purposes. More specifically, results should be utilized for guiding an overall public health infrastructure and performance improvement process for the public health system. These data represent the collective performance of all organizational participants in the assessment of the state public health system. The data and results should not be interpreted to reflect the capacity or performance of any single agency or organization.

Presentation of results

The NPHPSP has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. Results are presented in a Microsoft Word document, which allows users to easily copy and paste or edit the report for their own customized purposes. Original responses to all questions are also available.

For ease of use, many figures in tables use short titles to refer to Essential Services, model standards, and questions. If in doubt of the meaning, please refer to the full text in the assessment instruments.

Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the state public health agency's contribution to achieving the model standard. Sites that submit responses for these questionnaires will see the results included as an additional component of their reports. Recipients of the priority results section may find that the scatter plot figures include data points that overlap. This is unavoidable when presenting results that represent similar data; in these cases, sites may find that the table listing of results will more clearly show the results found in each quadrant.

III. TIPS FOR INTERPRETING AND USING NPHPSP ASSESSMENT RESULTS

The use of these results by respondents to strengthen the public health system is the most important part of the performance improvement process that the NPHPSP is intended to promote. Report data may be used to identify strengths and weaknesses within the state public health system and pinpoint areas of performance that need improvement. The NPHPSP User Guide describes steps for using these results to develop and implement public health system performance improvement plans. Implementation of these plans is critical to achieving a higher performing public health system. Suggested steps in developing such improvement plans are:
1. Organize Participation for Performance Improvement
2. Prioritize Areas for Action
3. Explore "Root Causes" of Performance Problems
4. Develop and Implement Improvement Plans
5. Regularly Monitor and Report Progress

Refer to the User Guide section, "After We Complete the Assessment, What Next?" for details on the above steps.

Assessment results represent the collective performance of all entities in the state public health system and not any one organization. Therefore, system partners should be involved in the discussion of results and improvement strategies to assure that this information is appropriately used. The assessment results can drive improvement planning within each organization as well as system-wide. In addition, coordinated and statewide use of the Local Instrument or Governance Instrument with the use of the State Instrument can lead to more successful and comprehensive improvement plans to address more systemic statewide issues.

Although respondents will ultimately want to review these results with stakeholders in the context of their overall performance improvement process, they may initially find it helpful to review the results either individually or in a small group. The following tips may be helpful when initially reviewing the results, or preparing to present the results to performance improvement stakeholders.

Examine performance scores
First, sites should take a look at the overall or composite performance scores for Essential Services and model standards. These scores are presented visually in order by Essential Service (Figure 1) and in ascending order (Figure 2). The report also provides composite scores for the four common model standards found in the State Instrument (Planning and Implementation; State-Local Relationships; Performance Management and Quality Improvement; and Public Health Capacity and Resources). Additionally, Figure 3 uses color designations to indicate performance level categories. Examination of these scores can immediately give a sense of the state public health system's greatest strengths and weaknesses.

Review the range of scores within each Essential Service and model standard
The Essential Service score is an average of the model standard scores within that service, and, in turn, the model standard scores represent the average of stem question scores for that standard. If there is great range or difference in scores, focusing attention on the model standard(s) or questions with the lower scores will help to identify where performance inconsistency or weakness may be. Some figures, such as the bar charts in Figure 4, provide "range bars" which indicate the variation in scores. Looking for long range bars will help to easily identify these opportunities.

Also, refer back to the original question responses to determine where weaknesses or inconsistencies in performance may be occurring. By examining the assessment questions, including the subquestions and discussion toolbox items, participants will be reminded of particular areas of concern that may most need attention.

Consider the context
The NPHPSP User Guide and other technical assistance resources strongly encourage responding jurisdictions to gather and record qualitative input from participants throughout the assessment process. Such information can include insights that shaped group responses, gaps that were uncovered, solutions to identified problems, and impressions or early ideas for improving system performance. This information should have emerged from the general discussion of the model standards and assessment questions, as well as the responses to discussion

toolbox topics.

The results viewed in this report should be considered within the context of this qualitative information, as well as with other information. The assessment report, by itself, is not intended to be the sole "roadmap" to answer the question of what a state public health system's performance improvement priorities should be. The original purpose of the assessment, current issues being addressed by the state, and the needs and interests for all stakeholders should be considered.

Some sites have used a state public health improvement process or strategic plans to incorporate NPHPSP results into broader efforts. This often looks similar to process outlined in the community strategic planning tool, Mobilizing for Action through Planning and Partnerships (MAPP), which guides users in considering NPHPSP data within the context of three other assessments - community health status, community themes and strengths, and forces of change - before determining strategic issues, setting priorities, and developing action plans. See "Resources for Next Steps" for more about MAPP.

Use the optional priority rating and agency contribution questionnaire results

Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the state public health agency's contribution to achieving of the model standard. The supplemental priority questionnaire, which asks about the priority of each model standard to the public health system, should guide sites in considering their performance scores in relationship to their own system's priorities. The use of this questionnaire can guide sites in targeting their limited attention and resources to areas of high priority but low performance. This information should serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

The second questionnaire, which asks about the contribution of the public health agency to each model standard, can assist sites in considering the role of the agency in performance improvement efforts. Sites that use this component will see a list of questions to consider regarding the agency role and as it relates to the results for each model standard. These results may assist the state public health agency in its own strategic planning and quality improvement activities.

IV. FINAL REMARKS

The challenge of preventing illness and improving health is ongoing and complex. The ability to meet this challenge rests on the capacity and performance of public health systems. Through well equipped, high-performing public health systems, this challenge can be addressed. Public health performance standards are intended to guide the development of stronger public health systems capable of improving the health of populations. The development of high-performing public health systems will increase the likelihood that all citizens have access to a defined optimal level of public health services. Through periodic assessment guided by model performance standards, public health leaders can improve collaboration and integration among the many components of a public health system, and more effectively and efficiently use resources while improving health intervention services.

B. Performance Assessment Instrument Results

I. How well did the system perform the ten Essential Public Health Services (EPHS)?

Table 1: Summary of performance scores by Essential Public Health Service (EPHS)

EPHS		Score
1	Monitor Health Status To Identify Community Health Problems	42
2	Diagnose And Investigate Health Problems and Health Hazards	55
3	Inform, Educate, And Empower People about Health Issues	56
4	Mobilize Community Partnerships to Identify and Solve Health Problems	37
5	Develop Policies and Plans that Support Individual and Community Health Efforts	42
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	47
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	32
8	Assure a Competent Public and Personal Health Care Workforce	20
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	26
10	Research for New Insights and Innovative Solutions to Health Problems	3
Overall Performance Score		36

Figure 1: Summary of EPHS performance scores and overall score
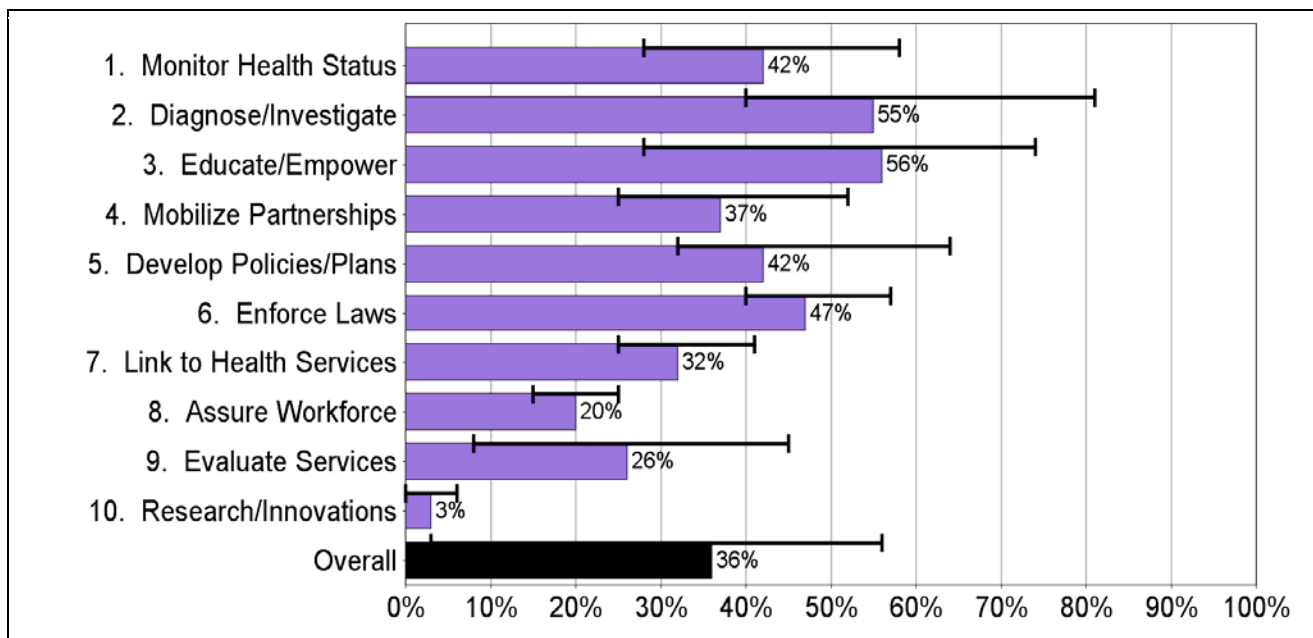
Table 1 (above) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (absolutely no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Figure 1 (above) displays performance scores for each Essential Service and an overall score for the average performance level for all 10 Essential Services. The range bars show the minimum and maximum value of responses within the Essential Service and overall score. Areas of wide range may warrant a closer look in **Figure 4** or the raw data.

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Figure 2: Rank ordered performance scores for each Essential Service
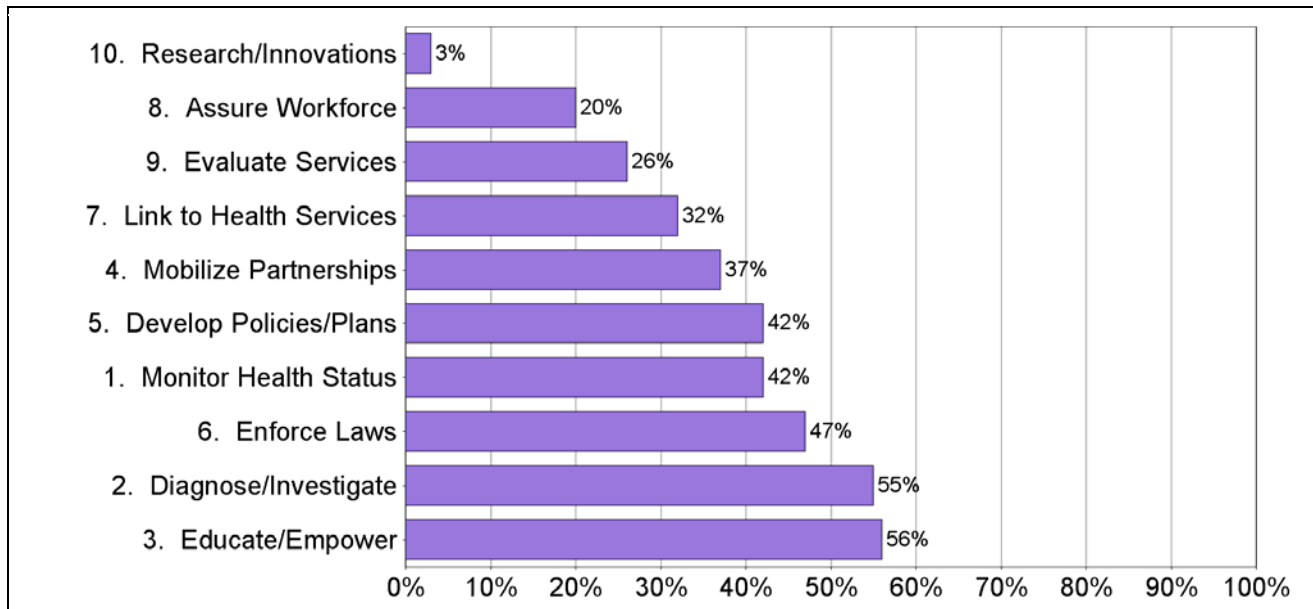
Figure 3: Rank ordered performance scores for each Essential Service, by level of activity
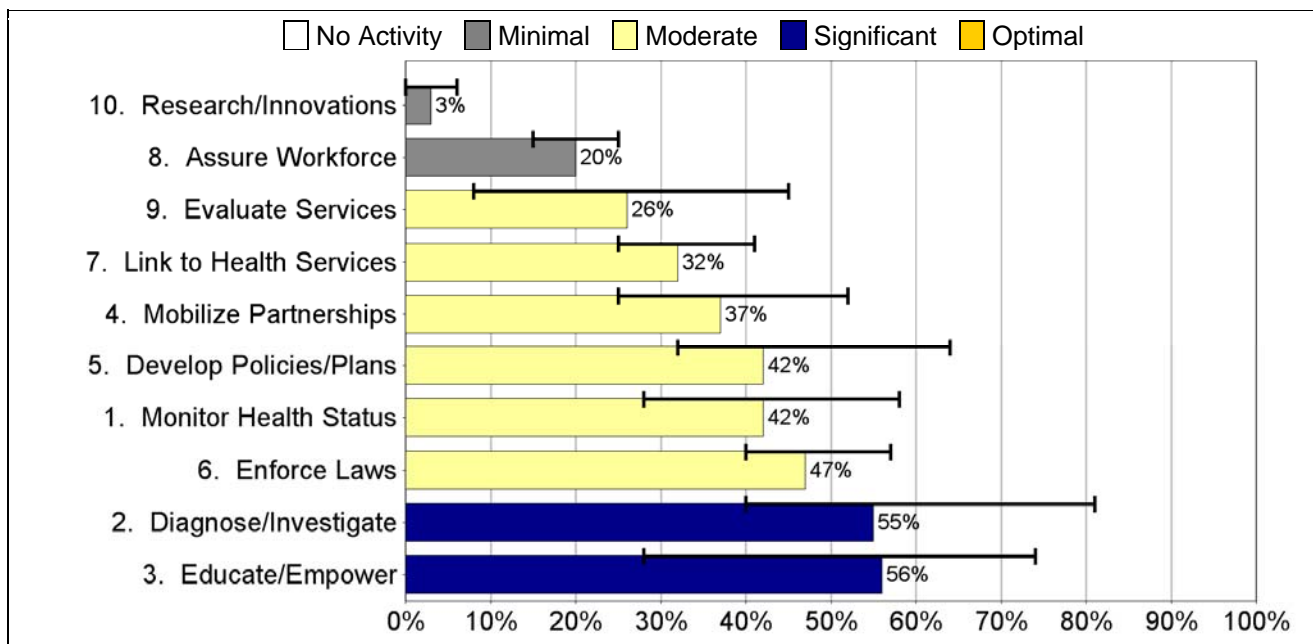
Figure 2: (above) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.

Figure 3: (above) provides a composite picture of the previous two graphs. The range lines show the range of responses within an Essential Service. The color coded bars make it easier to identify which of the Essential Services fall in the five categories of performance activity.

Figure 4: (next page) shows scores for each model standard. Sites can use these graphs to pinpoint specific activities within the Essential Service that may need a closer look. Note these scores also have range bars, showing sub-areas that comprise the model standard.

II. How well did the system perform on specific model standards?

Figure 4: Performance scores for each model standard, by Essential Service
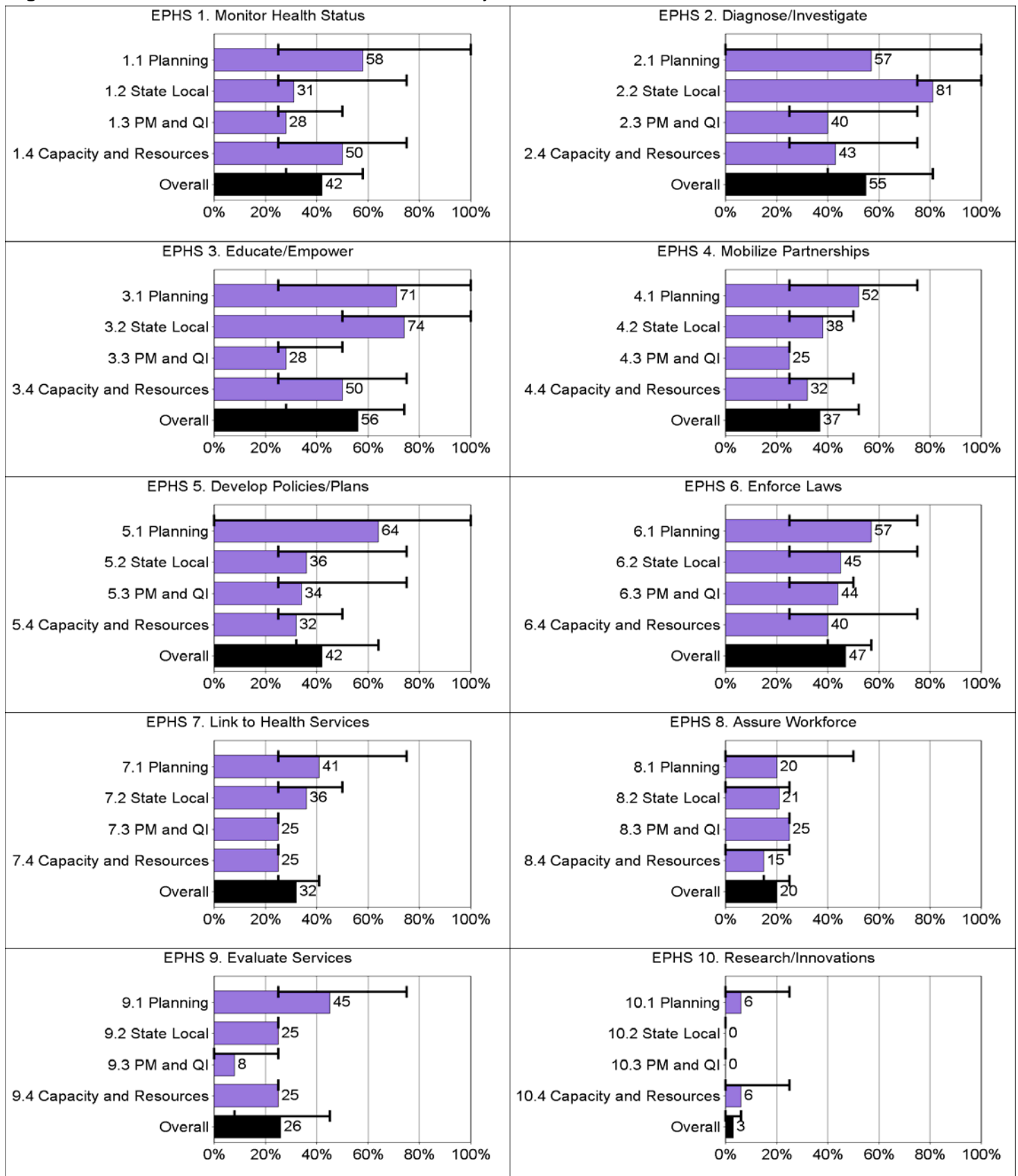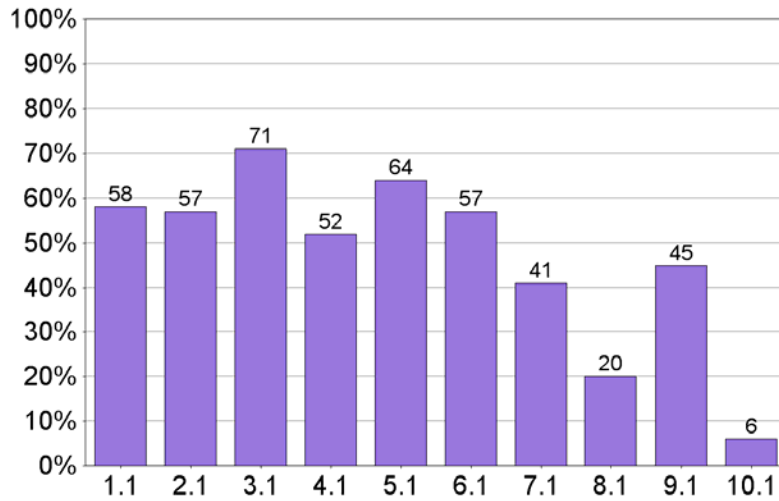
Figure 5: Model Standard 1 scores (Planning and Implementation) by Essential Service
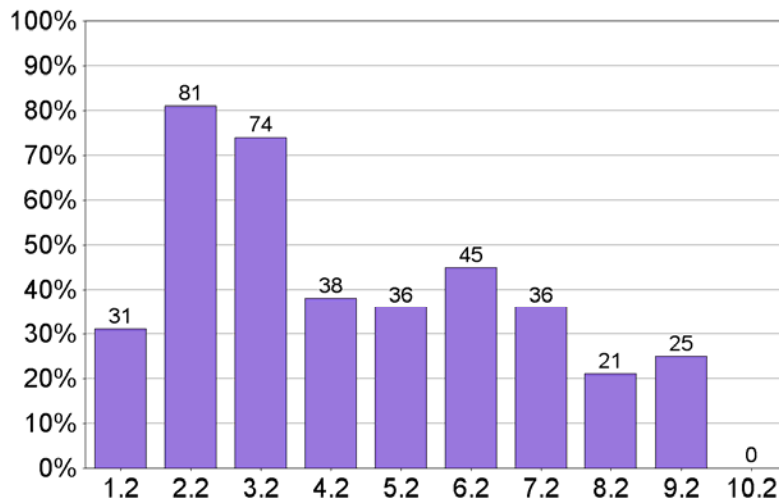
Figure 6: Model Standard 2 scores (State-Local Relationships) by Essential Service
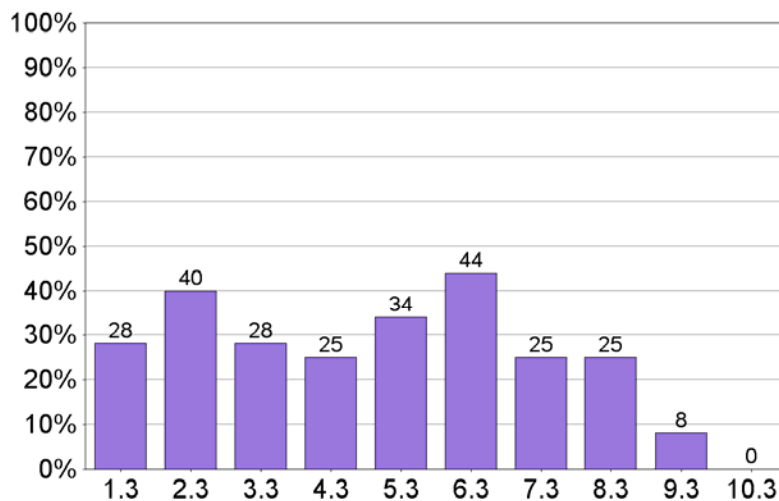
Figure 7: Model Standard 3 scores (Performance Management and Quality Improvement) by Essential Service
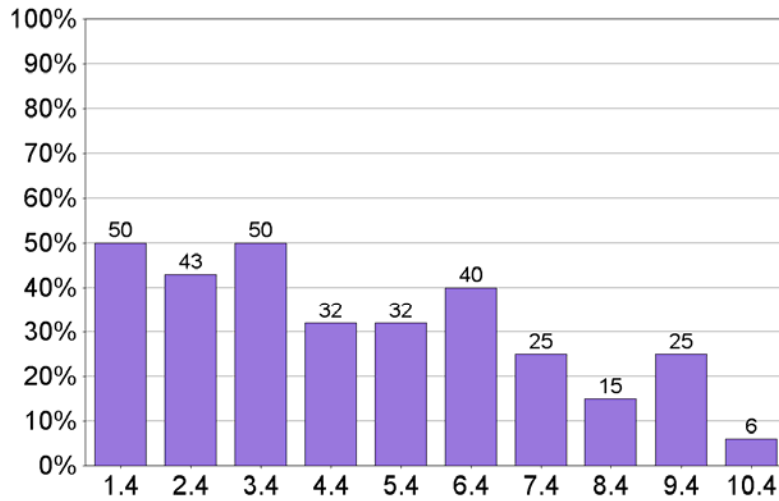
Figure 8: Model Standard 4 scores (Public Health Capacity and Resources) by Essential Service
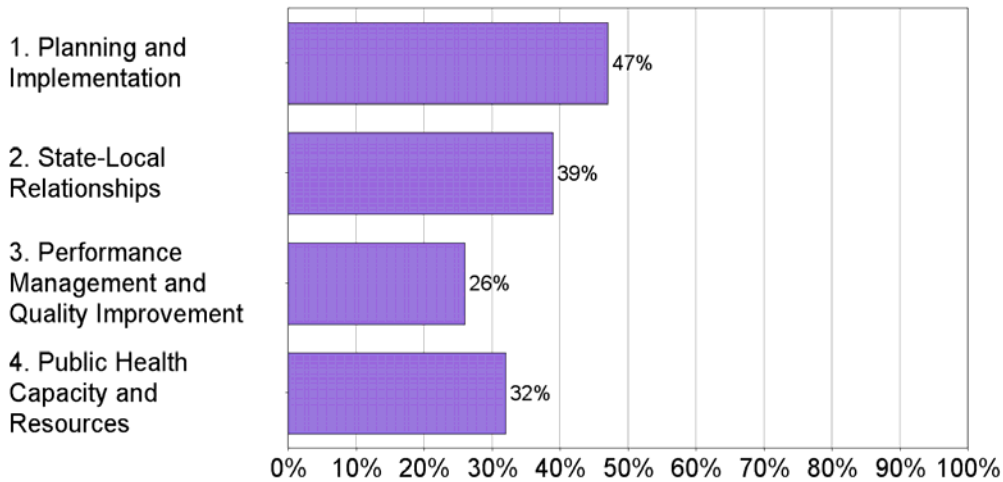
Figure 9: Summary of average scores across Model Standards

Table 2: Summary of performance scores by Essential Public Health Service (EPHS) and model standard

Essential Public Health Service	Score
EPHS 1. Monitor Health Status To Identify Community Health Problems	42
1.1 Planning and Implementation	58
1.1.1 Surveillance and monitoring programs	47
1.1.2 Health data products accessible to data users	48
1.1.3 State health profile	25
1.1.4 Disease reporting system	69
1.1.5 Protection of personal health information	100
1.2 State-Local Relationships	31
1.2.1 Assistance in interpretation and use of health data	30
1.2.2 Uniform set of timely community-level health data	29
1.2.3 Assistance with local information and monitoring systems	33
1.3 Performance Management and Quality Improvement	28
1.3.1 Review effectiveness in monitoring efforts	31
1.3.2 Active performance management	25
1.4 Public Health Capacity and Resources	50
1.4.1 Commit financial resources	50
1.4.2 Coordinate system-wide organizational efforts	50
1.4.3 Workforce expertise	50
EPHS 2. Diagnose And Investigate Health Problems and Health Hazards	55
2.1 Planning and Implementation	57
2.1.1 Broad scope of surveillance programs	67
2.1.2 Enhanced surveillance capability	48
2.1.3 Statewide public health laboratory system	39
2.1.4 Laboratory analysis capabilities	75
2.1.5 Investigations of health problems	55
2.2 State-Local Relationships	81
2.2.1 Assistance with epidemiologic analysis	100
2.2.2 Assistance in using laboratory services	75
2.2.3 Guidance in handling public health problems and threats	75
2.2.4 Capability to deploy response teams to local areas, when needed	75
2.3 Performance Management and Quality Improvement	40
2.3.1 Review surveillance and investigation procedures	30
2.3.2 Active performance management	50
2.4 Public Health Capacity and Resources	43
2.4.1 Commit financial resources	25
2.4.2 Coordinate system-wide organizational efforts	54
2.4.3 Workforce expertise	50

Essential Public Health Service	Score
EPHS 3. Inform, Educate, And Empower People about Health Issues	56
3.1 Planning and Implementation	71
3.1.1 Health education and promotion programs	75
3.1.2 Health communication programs	46
3.1.3 Emergency communications capacity	93
3.2 State-Local Relationships	74
3.2.1 Assistance with health communication and health education/promotion programs	50
3.2.2 Assistance in developing local emergency communication capabilities	98
3.3 Performance Management and Quality Improvement	28
3.3.1 Review effectiveness of health communication and health education/promotion efforts	30
3.3.2 Active performance management	25
3.4 Public Health Capacity and Resources	50
3.4.1 Commit financial resources	50
3.4.2 Coordinate system-wide organizational efforts	50
3.4.3 Workforce expertise	50
EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	37
4.1 Planning and Implementation	52
4.1.1 Building statewide support for public health	55
4.1.2 Partnership organization and development	50
4.2 State-Local Relationships	38
4.2.1 Assistance in building collaborative skills	50
4.2.2 Incentives for local partnerships	25
4.3 Performance Management and Quality Improvement	25
4.3.1 Review effectiveness of partnerships	25
4.3.2 Active performance management	25
4.4 Public Health Capacity and Resources	32
4.4.1 Commit financial resources	25
4.4.2 Coordinate system-wide organizational efforts	47
4.4.3 Workforce expertise	25

Essential Public Health Service	Score
EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	42
5.1 Planning and Implementation	64
5.1.1 Convene collaborative planning processes	70
5.1.2 State health improvement plan	58
5.1.3 State all-hazards preparedness plan and emergency response capacity	54
5.1.4 Policy development activities	72
5.2 State-Local Relationships	36
5.2.1 Assistance and training for local planning	43
5.2.2 Assistance in integrating statewide strategies in community health improvement plans	25
5.2.3 Assistance in development of local preparedness plans	44
5.2.4 Assistance in local policy development	32
5.3 Performance Management and Quality Improvement	34
5.3.1 Monitor progress in health improvement	25
5.3.2 Review policies for public health impact	25
5.3.3 Exercises and drills to test preparedness plans	63
5.3.4 Active performance management	25
5.4 Public Health Capacity and Resources	32
5.4.1 Commit financial resources	25
5.4.2 Coordinate system-wide organizational efforts	29
5.4.3 Workforce expertise in planning	31
5.4.4 Workforce expertise in policy development	44
EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	47
6.1 Planning and Implementation	57
6.1.1 Review of public health laws	59
6.1.2 Emergency powers	75
6.1.3 Cooperative relationships to support compliance	44
6.1.4 Customer-centered administrative processes	50
6.2 State-Local Relationships	45
6.2.1 Assistance on enforcement of laws	66
6.2.2 Assistance to local governing bodies in developing local laws	25
6.3 Performance Management and Quality Improvement	44
6.3.1 Review effectiveness of regulatory activities	38
6.3.2 Active performance management	50
6.4 Public Health Capacity and Resources	40
6.4.1 Commit financial resources	25
6.4.2 Coordinate system-wide organizational efforts	46
6.4.3 Workforce expertise	50

| Essential Public Health Service	Score
EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	32
7.1 Planning and Implementation	41
7.1.1 Assessment of access to care	34
7.1.2 Delivery of services and programs to improve access	50
7.1.3 SPHS entity responsible for monitoring and coordination	29
7.1.4 Mobilizes to reduce health disparities, including during emergency events	50
7.2 State-Local Relationships	36
7.2.1 Assistance in assessment and service delivery	48
7.2.2 Assistance for providers serving underserved populations	25
7.3 Performance Management and Quality Improvement	25
7.3.1 Review effectiveness of programs in improving access, appropriateness of personal health care, and health care quality	25
7.3.2 Active performance management	25
7.4 Public Health Capacity and Resources	25
7.4.1 Commit financial resources	25
7.4.2 Coordinate system-wide organizational efforts	25
7.4.3 Workforce expertise	25
EPHS 8. Assure a Competent Public and Personal Health Care Workforce	20
8.1 Planning and Implementation	20
8.1.1 Assessment of population-based and personal health care workforce needs	25
8.1.2 Statewide workforce development plan	0
8.1.3 Programs to enhance workforce skills	23
8.1.4 Assure excellence in professional practice of workforce members	28
8.1.5 Incentives for life-long learning	23
8.2 State-Local Relationships	21
8.2.1 Assistance with workforce assessment	25
8.2.2 Assistance with workforce development	13
8.2.3 Education and training to enhance local workforce skills	25
8.3 Performance Management and Quality Improvement	25
8.3.1 Review workforce development efforts	25
8.3.2 Review whether academic-practice partnerships are effective in preparing the workforce	25
8.3.3 Active performance management	25
8.4 Public Health Capacity and Resources	15
8.4.1 Commit financial resources	25
8.4.2 Coordinate system-wide organizational efforts	0
8.4.3 Workforce expertise	19

| Essential Public Health Service	Score
EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	26
9.1 Planning and Implementation	45
9.1.1 Evaluate population-based health programs	29
9.1.2 Evaluate personal health care services	75
9.1.3 Assess the performance of the public health system	30
9.2 State-Local Relationships	25
9.2.1 Assistance on evaluation	25
9.2.2 Share state evaluation results to assist local planning	25
9.3 Performance Management and Quality Improvement	8
9.3.1 Review the effectiveness of evaluation activities	17
9.3.2 Active performance management	0
9.4 Public Health Capacity and Resources	25
9.4.1 Commit financial resources	25
9.4.2 Coordinate system-wide organizational efforts	25
9.4.3 Workforce expertise	25
EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	3
10.1 Planning and Implementation	6
10.1.1 Academic-practice collaboration to disseminate and use research findings in practice	18
10.1.2 Public health research agenda	0
10.1.3 Conduct and participate in research	0
10.2 State-Local Relationships	0
10.2.1 Assistance in research activities, including community-based participatory research	0
10.2.2 Assistance in using research findings	0
10.3 Performance Management and Quality Improvement	0
10.3.1 Review research activities for relevance and appropriateness	0
10.3.2 Active performance management	0
10.4 Public Health Capacity and Resources	6
10.4.1 Commit financial resources	0
10.4.2 Coordinate system-wide organizational efforts	0
10.4.3 Workforce expertise	19

III. Overall, how well is the system achieving optimal activity levels?

Figure 10: Percentage of Essential Services scored in each level of activity
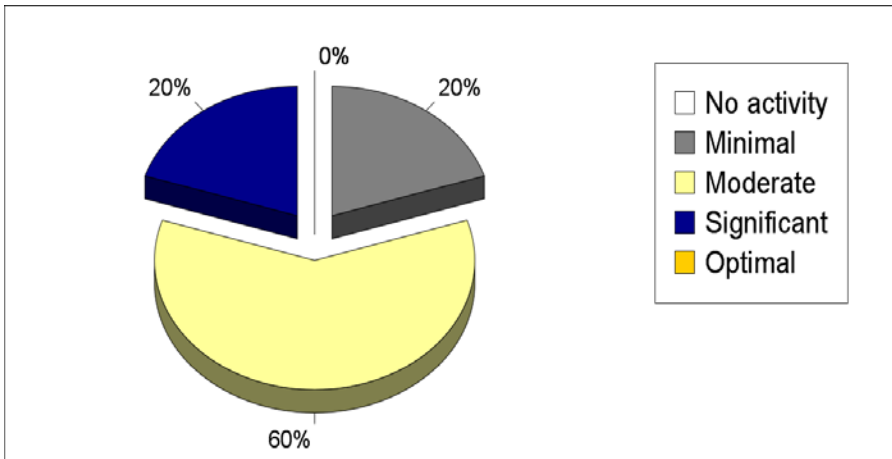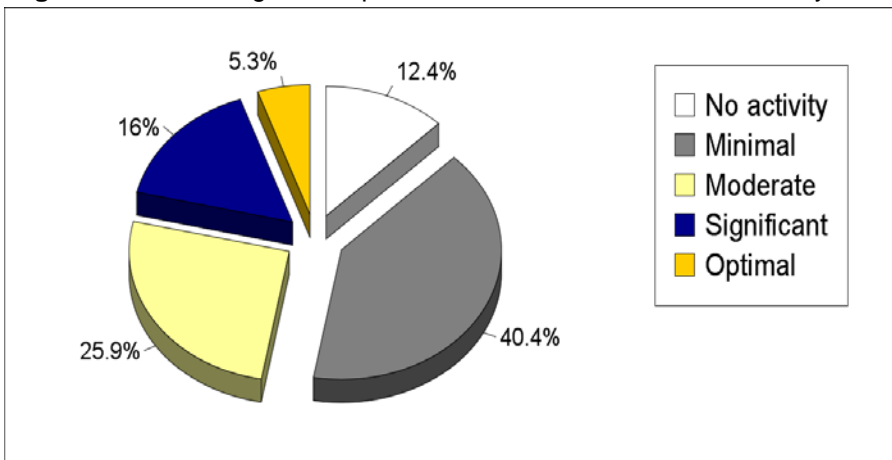

Figure 10: displays the percentage of the system's Essential Services scores that fall within the five activity categories. This chart provides the site with a high level snapshot of the information found in **Figure 3**.

Figure 11: Percentage of model standards scored in each level of activity
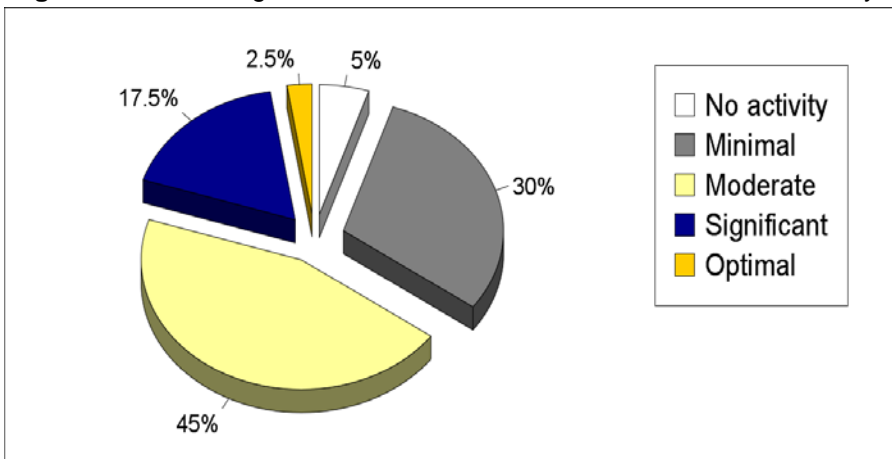
Figure 11: displays the percentage of the system's Model Standard scores that fall within the five activity categories.

Figure 12: Percentage of all questions scored in each level of activity

Figure 12: displays the percentage of all scored questions that fall within the five activity categories. This breakdown provides a closer snapshot of the system's performance, showing variation that may be masked by the scores in **Figures 10** and **11**.

C. Optional Priority Rating Results

What are potential areas for attention, based on the priority ratings and performance scores?

Tables 3 and **4** show priority ratings (as rated by participants on a 1-10 scale, with 10 being the highest) and performance scores for Essential Services and model standards, arranged under the four quadrants in **Figures 8** and **9**, which follow the tables. The four quadrants, which are based on how the performance of each Essential Service and/or model standard compares with the priority rating, should provide guidance in considering areas for attention and next steps for performance improvement.

Table 3: Essential Service by priority rating and performance score, with areas for attention

Essential Service	Priority Rating	Performance Score (level of activity)
Quadrant I (High Priority/Low Performance) - These important activities may need increased attention.		
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	8	32 (Moderate)
8. Assure a Competent Public and Personal Health Care Workforce	8	20 (Minimal)
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	10	26 (Moderate)
Quadrant II (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.		
1. Monitor Health Status To Identify Community Health Problems	10	42 (Moderate)
2. Diagnose And Investigate Health Problems and Health Hazards	9	55 (Significant)
3. Inform, Educate, And Empower People about Health Issues	9	56 (Significant)
4. Mobilize Community Partnerships to Identify and Solve Health Problems	8	37 (Moderate)
5. Develop Policies and Plans that Support Individual and Community Health Efforts	8	42 (Moderate)
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	9	47 (Moderate)
Quadrant III (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.		
Quadrant IV (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.		
10. Research for New Insights and Innovative Solutions to Health Problems	6	3 (Minimal)

Table 4: Model Standard by priority and performance score, with areas for attention

Model Standard	Priority Rating	Performance Score (level of activity)
Quadrant I (High Priority/Low Performance) - These important activities may need increased attention.		
1.2 State-Local Relationships	10	31 (Moderate)
1.3 Performance Management and Quality Improvement	9	28 (Moderate)
3.3 Performance Management and Quality Improvement	8	28 (Moderate)
4.4 Public Health Capacity and Resources	8	32 (Moderate)
5.3 Performance Management and Quality Improvement	8	34 (Moderate)
5.4 Public Health Capacity and Resources	8	32 (Moderate)
7.4 Public Health Capacity and Resources	8	25 (Minimal)
8.1 Planning and Implementation	9	20 (Minimal)
8.4 Public Health Capacity and Resources	8	15 (Minimal)
9.2 State-Local Relationships	9	25 (Minimal)
9.3 Performance Management and Quality Improvement	10	8 (Minimal)
9.4 Public Health Capacity and Resources	9	25 (Minimal)
Quadrant II (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.		
1.1 Planning and Implementation	10	58 (Significant)
1.4 Public Health Capacity and Resources	10	50 (Significant)
2.1 Planning and Implementation	8	57 (Significant)
2.2 State-Local Relationships	10	81 (Optimal)
2.3 Performance Management and Quality Improvement	8	40 (Moderate)
2.4 Public Health Capacity and Resources	10	43 (Moderate)
3.1 Planning and Implementation	9	71 (Significant)
3.2 State-Local Relationships	9	74 (Significant)
3.4 Public Health Capacity and Resources	10	50 (Significant)
4.2 State-Local Relationships	8	38 (Moderate)
5.1 Planning and Implementation	8	64 (Significant)
5.2 State-Local Relationships	8	36 (Moderate)
6.1 Planning and Implementation	10	57 (Significant)
6.2 State-Local Relationships	9	45 (Moderate)
6.3 Performance Management and Quality Improvement	9	44 (Moderate)
6.4 Public Health Capacity and Resources	9	40 (Moderate)
7.1 Planning and Implementation	8	41 (Moderate)
7.2 State-Local Relationships	8	36 (Moderate)
9.1 Planning and Implementation	10	45 (Moderate)
Quadrant III (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.		
4.1 Planning and Implementation	7	52 (Significant)
Quadrant IV (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.		
4.3 Performance Management and Quality Improvement	7	25 (Minimal)
7.3 Performance Management and Quality Improvement	7	25 (Minimal)
8.2 State-Local Relationships	7	21 (Minimal)
8.3 Performance Management and Quality Improvement	7	25 (Minimal)
10.1 Planning and Implementation	6	6 (Minimal)
10.2 State-Local Relationships	6	0 (No Activity)
10.3 Performance Management and Quality Improvement	5	0 (No Activity)
10.4 Public Health Capacity and Resources	6	6 (Minimal)

Figures 13 and **14** (below) display Essential Services and model standards data within the following four categories using adjusted priority rating data:

> **Quadrant I** (High Priority/Low Performance) - These important activities may need increased attention.
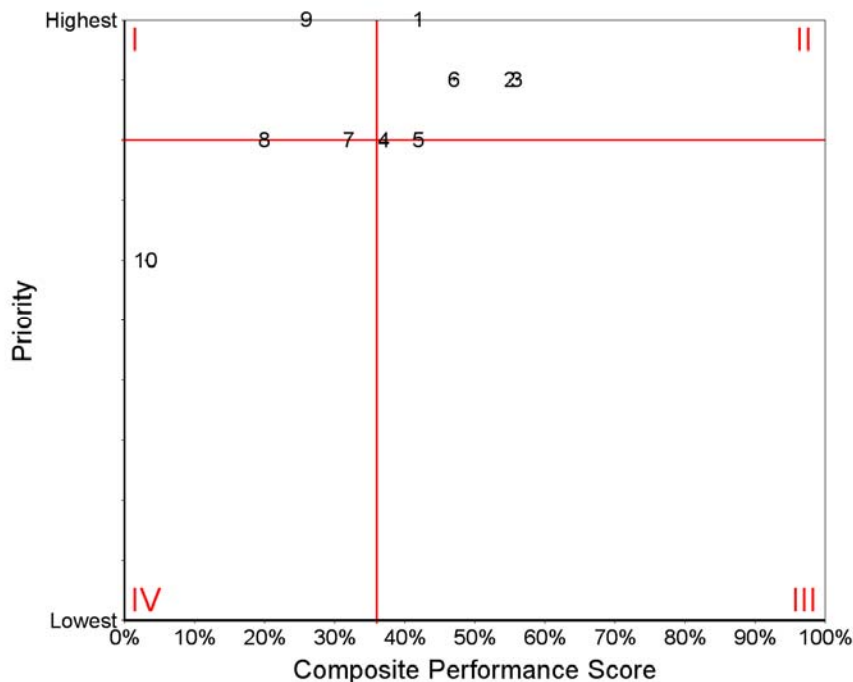> **Quadrant II** (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.
> **Quadrant III** (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.
> **Quadrant IV** (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.

The priority data are calculated based on the percentage standard deviation from the mean. Performance scores above the median are displayed in the "high" performance quadrants. All other levels are displayed in the "low" performance quadrants. Essential Service data are calculated as a mean of model standard ratings within each Essential Service. In cases where performance scores and priority ratings are identical or very close, the numbers in these figures may overlap. To distinguish any overlapping numbers, please refer to the raw data or Table 4.

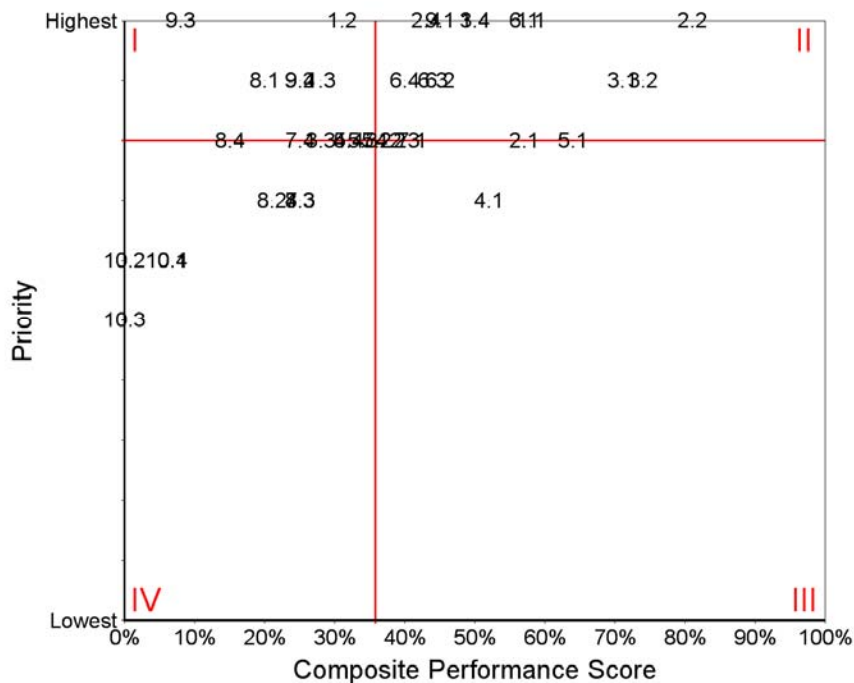**Figure 13:** Scatter plot of Essential Service scores and priority ratings

I (High Priority/Low Performance) - may need increased attention.

II (High Priority/High Performance) - important to maintain efforts.

III (Low Priority/High Performance) - potential areas to reduce efforts.

IV (Low Priority/Low Performance) - may need little or no attention.

Figure 14: Scatter plot of Model Standards scores and priority ratings

I (High Priority/Low Performance) - may need increased attention.

II (High Priority/High Performance) - important to maintain efforts.

III (Low Priority/High Performance) - potential areas to reduce efforts.

IV (Low Priority/Low Performance) - may need little or no attention.

D. Optional agency contribution results

How much does the State Public Health Agency contribute to the system's performance, as perceived by assessment participants?

Tables 5 and **6** (below) display Essential Services and Model Standards arranged by State Health Agency (SHA) contribution (Highest to Lowest) and performance score. Sites may want to consider the questions listed before these tables to further examine the relationship between the system and Department in achieving Essential Services and Model Standards. Questions to consider are suggested based on the four categories or "quadrants" displayed in **Figures 15** and **16**.

| Quadrant		Questions to Consider
I.	**Low Performance/High Department Contribution**	- Is the Department's level of effort truly high, or do they just do more than anyone else? - Is the Department effective at what it does, and does it focus on the right things? - Is the level of Department effort sufficient for the jurisdiction's needs? - Should partners be doing more, or doing different things? - What else within or outside of the Department might be causing low performance?
II.	**High Performance/High Department Contribution**	- What does the Department do that may contribute to high performance in this area? Could any of these strategies be applied to other areas? - Is the high Department contribution appropriate, or is the Department taking on what should be partner responsibilities? - Could the Department do less and maintain satisfactory performance?
III.	**High Performance/Low Department Contribution**	- Who are the key partners that contribute to this area? What do they do that may contribute to high performance? Could any of these strategies be applied to other areas? - Does the low Department contribution seem right for this area, or are partners picking up slack for Department responsibilities? - Does the Department provide needed support for partner efforts? - Could the key partners do less and maintain satisfactory performance?
IV.	**Low Performance/Low Department Contribution**	- Who are the key partners that contribute to this area? Are their contributions truly high, or do they just do more than the Department? - Is the total level of effort sufficient for the jurisdiction's needs? - Are partners effective at what they do, and do they focus on the right things? - Does the low Department contribution seem right for this area, or is it likely to be contributing to low performance? - Does the Department provide needed support for partner efforts? - What else might be causing low performance?

Table 5: Essential Service by perceived SHA contribution and score

| Essential Service	SHA Contribution	Performance Score	Consider Questions for:
1. Monitor Health Status To Identify Community Health Problems	75%	Moderate (42)	Quadrant II
2. Diagnose And Investigate Health Problems and Health Hazards	56%	Significant (55)	Quadrant II
3. Inform, Educate, And Empower People about Health Issues	50%	Significant (56)	Quadrant II
4. Mobilize Community Partnerships to Identify and Solve Health Problems	50%	Moderate (37)	Quadrant II
5. Develop Policies and Plans that Support Individual and Community Health Efforts	56%	Moderate (42)	Quadrant II
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	63%	Moderate (47)	Quadrant II
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	31%	Moderate (32)	Quadrant IV
8. Assure a Competent Public and Personal Health Care Workforce	25%	Minimal (20)	Quadrant IV
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	50%	Moderate (26)	Quadrant I
10. Research for New Insights and Innovative Solutions to Health Problems	25%	Minimal (3)	Quadrant IV

Table 6: Model Standard by perceived SHA contribution and score

Model Standard	SHA Contribution	Performance Score	Consider Questions for:
1.1 Planning and Implementation	75%	Significant (58)	Quadrant II
1.2 State-Local Relationships	75%	Moderate (31)	Quadrant I
1.3 Performance Management and Quality Improvement	75%	Moderate (28)	Quadrant I
1.4 Public Health Capacity and Resources	75%	Significant (50)	Quadrant II
2.1 Planning and Implementation	75%	Significant (57)	Quadrant II
2.2 State-Local Relationships	50%	Optimal (81)	Quadrant II
2.3 Performance Management and Quality Improvement	50%	Moderate (40)	Quadrant II
2.4 Public Health Capacity and Resources	50%	Moderate (43)	Quadrant II
3.1 Planning and Implementation	50%	Significant (71)	Quadrant II
3.2 State-Local Relationships	50%	Significant (74)	Quadrant II
3.3 Performance Management and Quality Improvement	50%	Moderate (28)	Quadrant I
3.4 Public Health Capacity and Resources	50%	Significant (50)	Quadrant II
4.1 Planning and Implementation	50%	Significant (52)	Quadrant II
4.2 State-Local Relationships	75%	Moderate (38)	Quadrant II
4.3 Performance Management and Quality Improvement	50%	Minimal (25)	Quadrant I
4.4 Public Health Capacity and Resources	25%	Moderate (32)	Quadrant IV
5.1 Planning and Implementation	75%	Significant (64)	Quadrant II
5.2 State-Local Relationships	50%	Moderate (36)	Quadrant II
5.3 Performance Management and Quality Improvement	50%	Moderate (34)	Quadrant I
5.4 Public Health Capacity and Resources	50%	Moderate (32)	Quadrant I
6.1 Planning and Implementation	75%	Significant (57)	Quadrant II
6.2 State-Local Relationships	75%	Moderate (45)	Quadrant II
6.3 Performance Management and Quality Improvement	50%	Moderate (44)	Quadrant II
6.4 Public Health Capacity and Resources	50%	Moderate (40)	Quadrant II
7.1 Planning and Implementation	25%	Moderate (41)	Quadrant III
7.2 State-Local Relationships	50%	Moderate (36)	Quadrant II
7.3 Performance Management and Quality Improvement	25%	Minimal (25)	Quadrant IV
7.4 Public Health Capacity and Resources	25%	Minimal (25)	Quadrant IV
8.1 Planning and Implementation	25%	Minimal (20)	Quadrant IV
8.2 State-Local Relationships	25%	Minimal (21)	Quadrant IV
8.3 Performance Management and Quality Improvement	25%	Minimal (25)	Quadrant IV
8.4 Public Health Capacity and Resources	25%	Minimal (15)	Quadrant IV
9.1 Planning and Implementation	50%	Moderate (45)	Quadrant II
9.2 State-Local Relationships	50%	Minimal (25)	Quadrant I
9.3 Performance Management and Quality Improvement	50%	Minimal (8)	Quadrant I
9.4 Public Health Capacity and Resources	50%	Minimal (25)	Quadrant I
10.1 Planning and Implementation	25%	Minimal (6)	Quadrant IV
10.2 State-Local Relationships	25%	No Activity (0)	Quadrant IV
10.3 Performance Management and Quality Improvement	25%	No Activity (0)	Quadrant IV
10.4 Public Health Capacity and Resources	25%	Minimal (6)	Quadrant IV

Figure 15: Scatter plot of Essential Service scores and SHA contribution scores
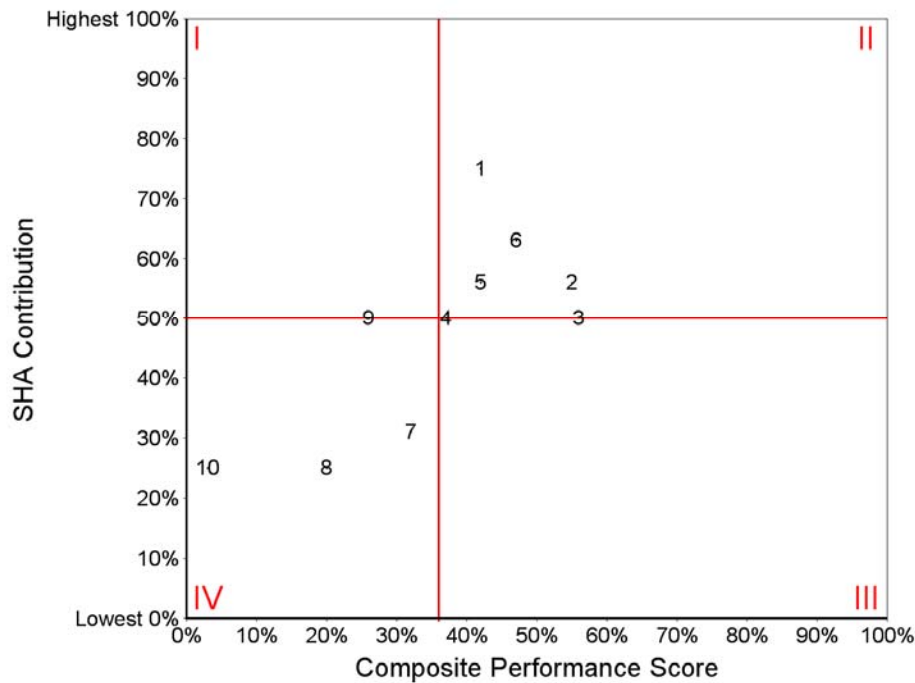
Figure 16: Scatter plot of Model Standard scores and SHA contribution scores
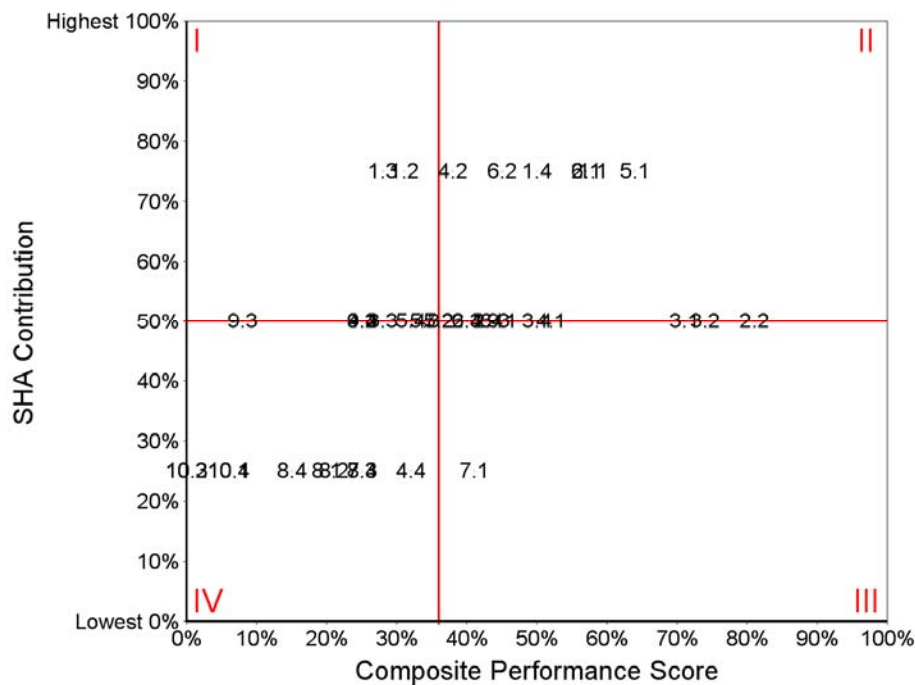
APPENDIX: RESOURCES FOR NEXT STEPS

The NPHPSP offers a variety of information, technical assistance, and training resources to assist in quality improvement activities. Descriptions of these resources are provided below. Other resources and websites that may be of particular interest to NPHPSP users are also noted below.

- **Technical Assistance and Consultation -** NPHPSP partners are available for phone and email consultation to state and localities as they plan for and conduct NPHPSP assessment and performance improvement activities. Contact 1-800-747-7649 or phpsp@cdc.gov.

- **NPHPSP User Guide -** The NPHPSP User Guide section, "After We Complete the Assessment, What Next?" describes five essential steps in a performance improvement process following the use of the NPHPSP assessment instruments. The NPHPSP User Guide may be found on the NPHPSP website (http://www.cdc.gov/NPHPSP/PDF/UserGuide.pdf).

- **NPHPSP Online Tool Kit -** Additional resources that may be found on, or are linked to, the NPHPSP website (http://www.cdc.gov/NPHPSP/generalResources.html) under the "Post Assessment/ Performance Improvement" link include sample performance improvement plans, quality improvement and priority-setting tools, and other technical assistance documents and links.

- **NPHPSP Online Resource Center -** Designed specifically for NPHPSP users, the Public Health Foundation's online resource center (www.phf.org/nphpsp) for public health systems performance improvement allows users to search for State, Local, and Governance resources by model standards, essential public health service, and keyword.;

- **NPHPSP Monthly User Calls -** These calls feature speakers and dialogue on topic of interest to users. They also provide an opportunity for people from around the country to learn from each other about various approaches to the NPHPSP assessment and performance improvement process. Calls occur on the third Tuesday of each month, 2:00 - 3:00 ET. Contact phpsp@cdc.gov to be added to the email notification list for the call.

- **Annual Training Workshop -** Individuals responsible for coordinating performance assessment and improvement activities may attend an annual two-day workshop held in the spring of each year. Visit the NPHPSP website (http://www.cdc.gov/nphpsp/annualTrainingWorkshop.html) for more information.

- **Public Health Improvement Resource Center at the Public Health Foundation -** This website (www.phf.org/improvement) provides resources and tools for evaluating and building the capacity of public health systems. More than 100 accessible resources organized here support the initiation and continuation of quality improvement efforts. These resources promote performance management and quality improvement, community health information and data systems, accreditation preparation, and workforce development.

- **Mobilizing for Action through Planning and Partnerships (MAPP) -** MAPP has proven to be a particularly helpful tool for sites engaged in community-based health improvement planning. Systems that have just completed the NPHPSP may consider using the MAPP process as a way to launch their performance improvement efforts. Go to www.naccho.org/topics/infrastructure/MAPP to link directly to the MAPP website.